## Foster Family Home - Corrective Action Report

Provider ID:

1-511362

Home Name:

Milagrina Lim, CNA

Review ID:

1-511362-7

94-682 Kamalo Street

Reviewer:

Maribel Nakamine

Waipahu

HI 96797

Begin Date:

12/31/2019

**Foster Family Home** 

**Required Certificate** 

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 1/31/20.

6.(d)(1)- see applicable sections of the review

**Foster Family Home** 

**Background Checks** 

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#4 renewed Ecrim on 3/21/18 and expired on 10/8/17.

**Foster Family Home** 

Records

[11-800-54]

54.(c)(6)

Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6)- Last documentation by CG#1 on progress note for Client #1 was dated 4/10/19.

Compliance Manager

Dilephil Wn

Primary Care Giver

Date .

18/31/2019

Doto

## Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name:

Milagrina Lim

CCFFH Address: 94-682 Kamalo Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	CG#1 showed CTA Compliance Manager the current E-crim for CG#4 during home inspection. Document was placed in home binder.	12/31/1 9	Home will use a spreadsheet to input all due dates 2 months in advance. This spreadsheet will be placed in front of home binder.
54.(c) (6)	CG#1 started documentation in progress notes on 1/10/20 for Client #1.	1/10/20	Home understands the need and purpose for proper documentation. CG#1 and substitute caregivers will timely document in progress notes daily/weekly/monthly or as needed if there is a change in clients' condition.

Primary Caregiver's Signature: 

Print Name: MIL99119 Lim Date of Signature: 2/11/2020